

FILED

Ohio Campaign Finance Report

05 APR 21 PM 3:42

Prescribed by Secretary of State 02/01

FRANKLIN COUNTY
BOARD OF ELECTIONS

Full Name of Committee CITIZENS FOR RANKIN						Registration Number, if PAC					
Full Name of Candidate Mike R. Rankin											
Street Address 545 East Town Street						Office Sought Municipal Court Judge			District Franklin Count		
City Columbus						State O H		Zip Code 43215			
Type of Report (place X to the left of report type)	<input checked="" type="checkbox"/>	Pre-Primary		Post-Primary		Pre-General		Post-General		Annual Year	
		July		August		September		Termination			
		Monthly		Monthly		Monthly					
Amended Report?		Report Electronically filed?		Date of Election		M		D		Y	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				0 5		0 3		0 5	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	1,908.23
2. Total monetary contributions (From Form No. 31-A)	\$	5,195.28
3. Total other income (From Form No. 31-A-2)	\$	1,151.10
4. Total funds available (sum of lines 1, 2, 3)	\$	8,254.61
5. Total monetary expenditures (From Form No. 31-B)	\$	3,008.58
6. Balance on hand (line 4 minus line 5)	\$	5,246.03
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	713.80
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	94,150.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	2,201.11
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	0.00
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Laura T. Riggs-Kolman, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Laura T. Riggs-Kolman

Signature

04-20-05

Date

Contribution
pages 7

Expenditure
pages 4

Other
pages 9

Total
pages 20

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
Full Name of Contributor Richard Borrer						Registration Number, if PAC			
Street Address 3036 Leeds Rd.			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) check		
City Columbus	State O H	Zip Code 43221	M 0 2	D 1 6	Y 0 5	Amount 50.00			
Full Name of Contributor Transfer from Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 3	D 3 1	Y 0 5	Amount 240.00			
Full Name of Contributor Transfer from Form 31-E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M 0 4	D 0 5	Y 0 5	Amount 4,905.28			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount			

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 5,195.28

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
Full Name Transfer from Form 31-C				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
			0	4	1	3	0
			5	1,150.00			
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name Bank One				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
833 S. High Street	I	N	1	2	3	1	0
			4	0.57			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O	H	interest				
		43206					
Full Name Bank One				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
833 S. High Street	I	N	0	1	0	6	0
			5	0.31			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O	H	interest				
		43206					
Full Name Bank One				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
833 S. High Street	I	N	0	2	0	4	0
			5	0.08			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O	H	interest				
		43206					
Full Name Bank One				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
833 S. High Street	I	N	0	3	0	4	0
			5	0.05			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O	H	interest				
		43206					
Full Name Bank One				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
833 S. High Street	I	N	0	4	0	6	0
			5	0.09			
City	State	Zip Code	Form(Cash,Check,etc)				
Columbus	O	H	interest				
		43206					
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				
Full Name				Registration Number, if PAC			
Address	Type*		M	D	Y	Amount	
City	State	Zip Code	Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 1,151.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN							
To Whom Paid A.B.C. Communications				M 1	D 2	Y 1	Amount 36.40
Address 5195 Hampstead Village Ctr.		Purpose Reimburse-mileage expense					
City New Albany	State O	H	Zip Code 43054	Check Number 166			
To Whom Paid A.B.C. Communications				M 1	D 2	Y 2	Amount 1,500.00
Address 5195 Hampstead Village Ctr.		Purpose Consulting					
City New Albany	State O	H	Zip Code 43054	Check Number 167			
To Whom Paid The Brunner Firm				M 0	D 2	Y 0	Amount 900.00
Address 545 E. Town Sstreet		Purpose Recordkeeping and bookkeeping					
City Columbus	State O	H	Zip Code 43215	Check Number 168			
To Whom Paid City of Dublin				M 0	D 3	Y 0	Amount 100.00
Address 5200 Emerald Parkway		Purpose St. Patrick's Day Parade Fee					
City Dublin	State O	H	Zip Code 43017	Check Number 169			
To Whom Paid Tactical Edge				M 0	D 3	Y 1	Amount 224.18
Address 929 Harrison Ave.		Purpose Reimburse-thank you notes					
City Columbus	State O	H	Zip Code 43215	Check Number 171			
To Whom Paid Emmett Wheeler				M 0	D 3	Y 1	Amount 200.00
Address 2355 Breeze Hill Dr.		Purpose Website design and maintenance					
City Grove City	State O	H	Zip Code 43123	Check Number 172			
To Whom Paid Bank One				M 0	D 1	Y 0	Amount 12.00
Address 833 S. High St.		Purpose Bank service fee					
City Columbus	State O	H	Zip Code 43206	Check Number N/A			
To Whom Paid Bank One				M 0	D 2	Y 0	Amount 12.00
Address 833 S. High St.		Purpose Bank service fee					
City Columbus	State O	H	Zip Code 43206	Check Number N/A			

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN									
To Whom Paid Bank One						M	D	Y	Amount
						0	3	0	4
						0	5		12.00
Address 833 S. High St.			Purpose Bank service fee						
City Columbus			State O H		Zip Code 43206		Check Number N/A		
To Whom Paid Bank One						M	D	Y	Amount
						0	4	0	6
						0	5		12.00
Address 833 S. High St.			Purpose Bank service fee						
City Columbus			State O H		Zip Code 43206		Check Number N/A		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN													
From Whom Received Mike R. Rankin								Prior Amount		Amt. Incurred this Period 650.00			
Address 2432 Wyncourtney Ct.										Outstanding Balance 650.00			
City Powell		State O H		Zip Code 43065		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0		2	0	2	0	5							
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Mike R. Rankin								Prior Amount		Amt. Incurred this Period 500.00			
Address 2432 Wyncourtney Ct.										Outstanding Balance 500.00			
City Powell		State O H		Zip Code 43065		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0		3	1	4	0	5							
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period Date Amount			Payments This Period Date Amount				
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 0.00
- 2 Total received this period \$ 1,150.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 1,150.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin												
From Whom Received Avis M. Rankin								Prior Amount 9,000.00		Amt. Incurred this Period 0.00		
Address 806 Lake Street										Outstanding Balance 9,000.00		
City Marblehead		State O H		Zip Code 43440		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		4	0	8	0	4						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Mike R. Rankin								Prior Amount 10,000.00		Amt. Incurred this Period 0.00		
Address 2342 Wyncourtney Court										Outstanding Balance 10,000.00		
City Powell		State O H		Zip Code 43065		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		9	2	0	0	4						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	
From Whom Received Avis M. Rankin								Prior Amount 22,000.00		Amt. Incurred this Period 0.00		
Address 2342 Wyncourtney Court										Outstanding Balance 22,000.00		
City Powell		State O H		Zip Code 43065		Loans Received This Period Date Amount			Payments This Period Date Amount			
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$	M	D	Y	\$
0		5	0	7	0	4						
Registration Number, if PAC					M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*					M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 41,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 41,000.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin													
From Whom Received Avis M. Rankin								Prior Amount 15,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 15,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 6 0 2 0 4													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Avis M. Rankin								Prior Amount 19,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 19,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 8 2 3 0 4													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received Avis M. Rankin								Prior Amount 3,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 3,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0 9 1 0 0 4													
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 37,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 37,000.00 (To Form No. 30-A)

Statement of Loans Received

Prescribed by Secretary of State 2/01

Full Name of Committee Citizens for Rankin													
From Whom Received Avis M. Rankin								Prior Amount 15,000.00		Amt. Incurred this Period 0.00			
Address 806 Lake Street										Outstanding Balance 15,000.00			
City Marblehead		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
0		7	0	8	0	4							
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received AVIS M. RANKIN								Prior Amount 0.00		Amt. Incurred this Period 0.00			
Address 806 LAKE STREET										Outstanding Balance 14,290.62			
City MARBLEHEAD		State O H		Zip Code 43440		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
1		0	1	5	0	4							
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y		M	D	Y	\$	M	D	Y	\$
Registration Number, if PAC						M	D	Y		M	D	Y	
Employer/Occupation/Labor Organization*						M	D	Y		M	D	Y	

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- 1 Total prior amount \$ 15,000.00
- 2 Total received this period \$ 0.00 (To Form No. 31-A-2)
- 3 Total Payments this Period \$ 0.00 (also record on Form 31-B)
- 4 Total Outstanding Balance \$ 29,290.62 (To Form No. 30-A)

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor Ed Leonard				Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) cash	
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) cash	
Full Name of Contributor Marilyn Brown				Registration Number, if PAC	
Street Address 34 W. Poplar	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor William Anthony				Registration Number, if PAC	
Street Address 271 E. State St.	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor William P. DeMora				Registration Number, if PAC	
Street Address 100 Warren Street	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Laura J. Stehle				Registration Number, if PAC	
Street Address 2573 Quarry Lake Dr.	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 25.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Michael S. Kolman				Registration Number, if PAC	
Street Address 6287 Char-Mar Drive	Employer/Occupation/Labor Organization*			M D Y 0 3 1 0 5	Amount 25.00
City Westerville	State O H	Zip Code 43082		Form(Cash,Check,etc) check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$500.00

Total expenditures this event

260.00

Page Total \$ **250.00**

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor IBEW-COPE				Registration Number, if PAC C00027342	
Street Address 1125 15th Street NW		Employer/Occupation/Labor Organization*		M D Y 0 4 1 5 0 5	Amount 250.00
City Washington		State D C	Zip Code 20005	Form(Cash,Check,etc) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 250.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F	Employer/Occupation/Labor Organization*			M D Y 0 3 1 4 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43229		Form(Cash,Check,etc) check	
Full Name of Contributor Anthony M. Cafaro, Sr.				Registration Number, if PAC	
Street Address 2445 Belmont Avenue	Employer/Occupation/Labor Organization*			M D Y 0 4 0 1 0 5	Amount 250.00
City Youngstown	State O H	Zip Code 44504		Form(Cash,Check,etc) check	
Full Name of Contributor Roger Guglucello				Registration Number, if PAC	
Street Address 4226 Euclid Blvd.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 1 0 5	Amount 100.00
City Youngstown	State O H	Zip Code 44512		Form(Cash,Check,etc)	
Full Name of Contributor John H. Provanzana				Registration Number, if PAC	
Street Address 304 Delegate Dr.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 1 0 5	Amount 100.00
City W. Worthington	State O H	Zip Code 43235		Form(Cash,Check,etc) check	
Full Name of Contributor James R. Havens				Registration Number, if PAC	
Street Address 141 E. Town St.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 1 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Donald DeSalvo				Registration Number, if PAC	
Street Address 3500 S. Meridian, No. 755	Employer/Occupation/Labor Organization*			M D Y 0 4 0 1 0 5	Amount 250.00
City Puyallup	State W A	Zip Code 98373		Form(Cash,Check,etc) check	
Full Name of Contributor Allen J. Reis				Registration Number, if PAC	
Street Address 3250 Knoll Dr.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 1 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43230		Form(Cash,Check,etc) check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$5,000.00

Total expenditures this event

94.72

Page Total \$ 1,450.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor Richanne M. Zymkoski				Registration Number, if PAC	
Street Address 2128 Poplar Street	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43207		Form(Cash,Check,etc) check	
Full Name of Contributor Carol A. Wright				Registration Number, if PAC	
Street Address 318 Berger Alley	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Barry Wilford				Registration Number, if PAC	
Street Address 481 E. Sycamore St.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Stephanie C. Ulrey				Registration Number, if PAC	
Street Address 2604 Queensway Drive	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 150.00
City Grove City	State O H	Zip Code 43123		Form(Cash,Check,etc) check	
Full Name of Contributor Thomas C. Tootle				Registration Number, if PAC	
Street Address 5971 Hildenboro Dr.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 250.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) check	
Full Name of Contributor Angie Brown				Registration Number, if PAC	
Street Address 789 Northwest Blvd.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 100.00
City Columbus	State O H	Zip Code 43212		Form(Cash,Check,etc) check	
Full Name of Contributor Stephen A. Santangelo				Registration Number, if PAC	
Street Address 5873 Rothesay Ct.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 100.00
City Dublin	State O H	Zip Code 43017		Form(Cash,Check,etc) check	

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Total contributions this event

Total expenditures this event

Page Total \$ 850.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor Thomas L. Long				Registration Number, if PAC	
Street Address 2565 Leeds Road	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43221		Form(Cash,Check,etc) check	
Full Name of Contributor William W. Lamkin				Registration Number, if PAC	
Street Address 500 S. Front St., Suite 200	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 838 Thurber Drive West, Apt. 22	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Marilyn P. Brown				Registration Number, if PAC	
Street Address 78 W. Hubbard Ave.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	
Full Name of Contributor Otto Beatty III				Registration Number, if PAC	
Street Address 600 S. Grant Ave.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 50.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) check	
Full Name of Contributor Ted Barrows				Registration Number, if PAC	
Street Address 4834 Sarasota Dr.	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 350.00
City Hilliard	State O H	Zip Code 43026		Form(Cash,Check,etc) check	
Full Name of Contributor Philip B. Kaufman				Registration Number, if PAC	
Street Address 341 S. Third St., Suite 300	Employer/Occupation/Labor Organization*			M D Y 0 4 0 6 0 5	Amount 150.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,150.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN					
Full Name of Contributor Baker & Hostetler LLP PAC				Registration Number, if PAC OH125	
Street Address 3200 National City Center	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Cleveland	State O	Zip Code 44114	Amount 500.00		Form(Cash,Check,etc) check
Full Name of Contributor D. Lee Johnson				Registration Number, if PAC	
Street Address 3335 Meijer Drive, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Toledo	State O	Zip Code 43617	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor Bernard M. Floetker				Registration Number, if PAC	
Street Address 1295 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 4	Y 0
City Columbus	State O	Zip Code 43206	Amount 50.00		Form(Cash,Check,etc) check
Full Name of Contributor Barry H. Wolinetz				Registration Number, if PAC	
Street Address 2785 Powell	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Bexley	State O	Zip Code 43209	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor Frank L. Demos				Registration Number, if PAC	
Street Address 7370 Sawmill Road	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43235	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor Bricker & Eckler LLP State Political Action Committee				Registration Number, if PAC OH821	
Street Address 100 S. Third Street	Employer/Occupation/Labor Organization*		M 0	D 4	Y 1
City Columbus	State O	Zip Code 43215	Amount 250.00		Form(Cash,Check,etc) check
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount		Form(Cash,Check,etc)

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 1,550.00

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN									
To Whom Owed Mike R. Rankin						Prior Amount 278.50		Amt. Incurred this Period 0.00	
Address 2342 Wyncourtney Court						Item or Purpose for Debt signs		Outstanding Balance 278.50	
City Powell				State OH		Zip Code 43065		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M 0		D 6		Y 1604	
Registration Number, if PAC						M 		D 	
						M 		D 	
To Whom Owed Mike R. Rankin						Prior Amount 778.00		Amt. Incurred this Period 0.00	
Address 2342 Wyncourtney Court						Item or Purpose for Debt magnets		Outstanding Balance 778.00	
City Powell				State OH		Zip Code 43065		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M 0		D 8		Y 1204	
Registration Number, if PAC						M 		D 	
						M 		D 	
To Whom Owed Mike R. Rankin						Prior Amount 778.00		Amt. Incurred this Period 0.00	
Address 2342 Wyncourtney Court						Item or Purpose for Debt magnets		Outstanding Balance 778.00	
City Powell				State OH		Zip Code 43065		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M 0		D 9		Y 0704	
Registration Number, if PAC						M 		D 	
						M 		D 	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 1,834.50 (also record on cover page)

Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee CITIZENS FOR RANKIN									
To Whom Owed Mike R. Rankin						Prior Amount 366.61		Amt. Incurred this Period 0.00	
Address 2342 Wyncourtney Court						Item or Purpose for Debt signage		Outstanding Balance 366.61	
City Powell				State OH		Zip Code 43062		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y 0 9 2 2 0 4		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 366.61 (also record on cover page)

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN								
To Whom Paid Plank's					M 0	D 3	Y 1	Amount 260.00
Address 743 Parsons Avenue		Purpose Food and beverages						
City Columbus		State O	H	Zip Code 43215	Check Number 173			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			
To Whom Paid					M	D	Y	Amount
Address		Purpose						
City		State		Zip Code	Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full CITIZENS FOR RANKIN								
To Whom Paid U.S. Postmaster					M 0	D 3	Y 15	Amount 94.72
Address 850 Twin Rivers Drive				Purpose Postage				
City Columbus				State O	H	Zip Code 43215	Check Number 170	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	
To Whom Paid					M	D	Y	Amount
Address				Purpose				
City				State		Zip Code	Check Number	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full CITIZENS FOR RANKIN				
Full Name of Contributor Mike R. Rankin	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 2432 Wyncourtney Drive	Description of Item or Service Postage for thank you cards	M 0	D 4	Fair Market Value 13.80
City Powell	State O H	Y 0	Received at Fundraising Event? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Full Name of Contributor Mark Serrott	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 789-A Northwest Blvd.	Description of Item or Service food and beverages	M 0	D 4	Fair Market Value 350.00
City Columbus	State O H	Y 0	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Elizabeth Gill	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 90 E. Mithoff	Description of Item or Service food and beverages	M 0	D 4	Fair Market Value 324.00
City Columbus	State O H	Y 0	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor Elizabeth Gill	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address 90 E. Mithoff	Description of Item or Service stationery, envelopes	M 0	D 4	Fair Market Value 26.00
City Columbus	State O H	Y 0	Received at Fundraising Event? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization *	Registration Number, if PAC		
Street Address	Description of Item or Service	M	D	Fair Market Value
City	State	Y	Received at Fundraising Event?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

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[R.C. 3517.10(B)(4)]